

Hospital Infection Control Committee
2010
Annual Report

This report is intended to summarize the activities of the Hospital Infection Control Committee for the year 2010. The mission of the Committee is to promote a healthy and safe environment by preventing transmission of infectious agents among patients, staff and visitors. The Committee meets its mission through the Department of Hospital Epidemiology staff who provides: daily patient surveillance for healthcare-associated infections, staff education, syndromic surveillance for community outbreaks, routine environmental monitoring, evaluation of epidemics, consultation with medical and professional staff, committee participation, and conducting continuous quality improvement and special projects.

Accomplishments and projects completed in 2010 included the following:

1. 76 infection control rounds were conducted with a written report provided to the supervisor of the site visited. A written reply is required from the supervisor detailing the method of correcting any deficiencies. Twenty categories related to infection control were assessed. In 2010, the compliance rate in all twenty categories was 95% or greater.
2. 45 communicable disease exposure evaluations (24 resulted in HCP and/or patient exposures) were conducted in which potential transmission of an infectious agent to patients or staff could have occurred. A patient was the source of the exposure in 42 cases. Diseases included: TB (14), zoster (12), pertussis (7), parvovirus (6), varicella (4), and meningococcal meningitis (2).
3. 24 infection control policies were updated, reviewed, and approved by the Hospital Infection Control Committee.
4. Investigations of clusters of infection: MDR *Acinetobacter* in the BICU; *P. aeruginosa* in PICU; *C. difficile* in 4ONC, BMTU, MICU; SSIs associated with spinal fusion, craniotomy, and breast reconstruction; MRSA in NCCC; UTIs in Rehabilitation, TICU, CTSU, 4ADS
5. Several new initiatives were performed and discussed to include: increase influenza vaccination rates; ensure staff immunity to measles, mumps, rubella, varicella, Tdap; reduce CLA-BSI by use of CHG patch; reduce SSI by use of CHG-alcohol site preparation; modify Contact Precautions with gown use for contact with patient/environment; conduct MDRO risk assessment, conduct TB risk assessment; define high touch surfaces; evaluate use of ultraviolet irradiation to decrease environmental contamination; improve prophylactic antibiotic administration; improve hand hygiene compliance by modifying hand hygiene agents and improve accessibility; evaluate *C. difficile* spore inactivation; insert infection reduction (CLA-BSI) in Nurse Managers performance evaluations; conduct Six Sigma projects (PICU-reduce HAIs; NCCC-prevent CLA-BSIs; L&D-decrease SSIs after C-section; Neurosurgery OR-Team STEPPS; BMTU-reduce VRE; 4ONC-reduce CLA-BSIs; 6NSH-reduce CAUTI; SICU-reduce CLA-BSIs); commence hand hygiene improvement projects involving patients and their family.
6. Achievements: CLA-BSI rate decreased 90% from 1999-2009 (~9/1000 to ~1/1000 cath days); VAP rate decreased ~60% from 2004-2010 (~6/1000 to ~2.3/1000 vent days); CA-UTI rate decreased ~45% from 2007-2010 (~5.6/1000 to ~3.0/1000 cath days); and SSIs remained stable over time.